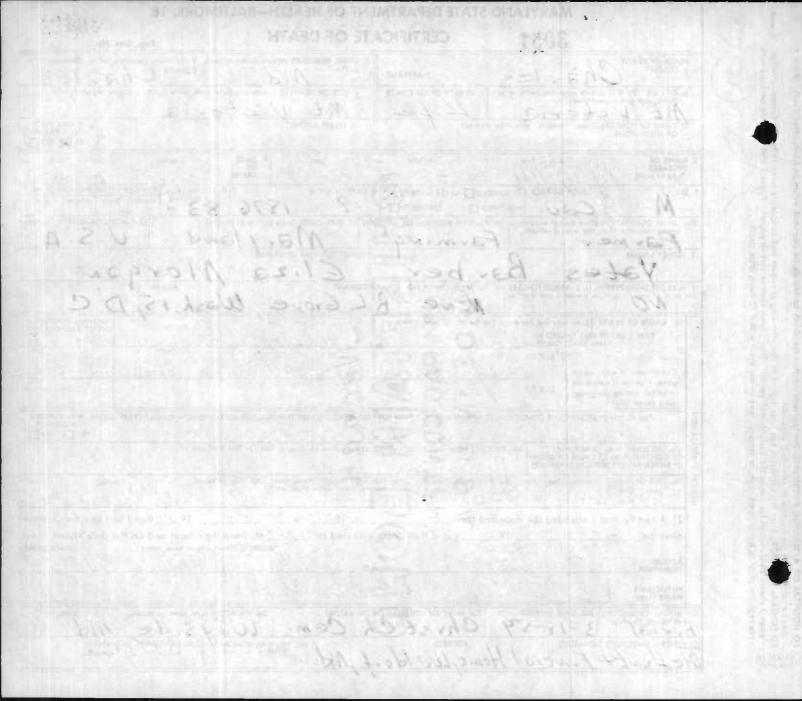
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03042 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY filed M MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 **EURAL** and give nearest town) 70 NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE Middle Month Year DECEASED OF DEATH (Type or print) 195 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH last birthdoy) Months Days Hours DIVORCED WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 2VMC~ avmING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF-EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY IHome, form, 20f. (City or town) 20d. INJURY OCCURRED (Stote) foctory, street, office bldg., etc.) While Not while of work at work 21. I certify that Vattended the deceased fram. that I last saw the deceased , and that death accurred at M, fram the causes and on the date stated above. "ADDRESS (Street, city or town, state) ACTUAL shoul PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) O REMOVAL (Specify) 0 24b. REGISTRAR'S SIGNATURE VS A15 (4)



2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Charles c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO IX IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Mrs. Rucy Rucy Bowling - La Plata . Maryland INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO K (County) (State) .that I last saw the deceased M. from the causes and on the date stated above. ADDRESS (Street, city or town, state NAME (Type) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Mt. Olivet Cemetery Washington . D.C. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE La Plata Ciriling & Krays , MarylanoATE MAR 1 1 '59 Archart Funeral Home Inc

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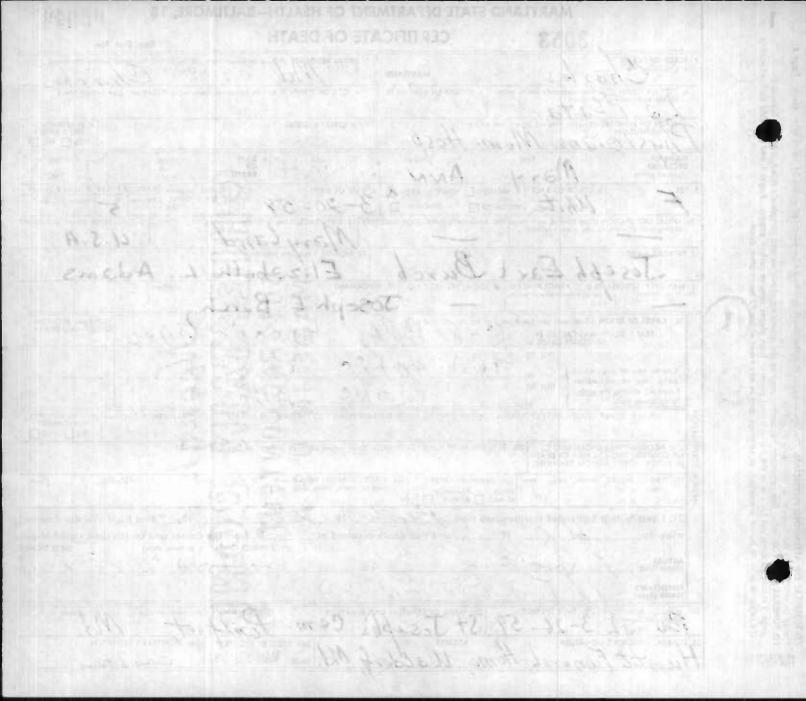
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VS A15 (4)



MARYLAND STAT	TE DEPARTMENT	OF DEATH
Item 7	7 FilmG240 3-	19-59 et
077	CEDTIEICATE	OF DEATH

COOX		Keg. Dist. No.
1. PLACE OF DEATH 0. COUNTY CHARLES	MARYLAND 2. USUAL RESIDENCE AND	ere deceased lived. If institution: Residence before-admission)  COUNTY  COUNTY
b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town)	3 Mon Duz. 3/0/	utside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION COSE . Collection	ton STAIGER d. STREET ADDRESS	15 RESIDENCE     ON A FARM?     YES    NO
3. NAME OF DECEASED (Type or print) HARRIET	Middle BURRAS	4. DATE Month Day Year OF DEATH MARCH 10, 1959
5. SEX FEMALE 6. COLOR OR RACE WIDOWED WIDOWED	NEVER MARRIED   8. DATE OF BIRTH DIVORCED   FLG 19 18	9. AGE (In years let UNDER 1 YEAR IN UNDER 24 HRS Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote	or foreign country)  12. CITIZEN OF WHAT COUNTED  S, A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME
Manda	me tes	tarour.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no. or upknown) [If yes, give wor or dates of service]	AL SECURITY NO. 17. INFORMANT MRS AHNED	ITH STAIGER, LAPLATA, MC
18. CAUSE OF DEATH [Enter only one couse per line for part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o). (b). and (c).] ivatory Collapse	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which ) DUE TO Concern	ray Thronbur	Shia.
gave rise to immediate couse (a), stating the under- lying couse lost.  DUE TO (c)	wenter Cardro-vascul	
3 Emphysoma xv7.		NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH	HOW INJURY OCCURRED. (Enter nature of injury in f	Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While To twork 0	Not while factory, street, office bldg., etc.	(County) (State
21. I certify that I attended the deceased from alive on 10 Mas Ms., 1957		March, 19 57, that I last saw the decease M, from the causes and an the date stated about
ACTUAL SIGNATURE SIGNATURE	M.D. SJARU	ADDRESS (Street, city or town, stote)  DATE SIGN  DOOD CLIIX C 10 Manua
PHYSICIAN'S ARTHUR O. C	NOODDY LAPL	ATA. MARXLAND
REMOVAL Specific 3/10/59	NAME OF CEMETERY OF CREMATORY 3524 Cellsic	22d. LOCATION (City) town, or county (Stote)
23. FUNERAL DIRECTORS SIGNATURE	Splate Zeo AEC'	NAR 1 2 '59 CATHURY S. Kraug

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY GITY OR TOWN (If outside corporate-limits, write RURAL and give nearest town) uza e. IS RESIDENCE ON A FARM? YES NO Month. Yeor Day 37C 1959 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH Ame year PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County (State) that I last saw the deceased , and that death occurred at Sidol M, framme causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 229 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or spunty) (Stote) REMOVAL (Specify FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR arthur & Kroug DATE MAR 1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2057 CERTIFICATE OF DEATH

2001	OEK III IO/		R	leg. Dist. No.
1. PLACE OF DEATH o. COUNTY Charles,	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE	ceased lived. If institutions b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, we RURA) and give neasest town)	c. LENGTH OF STAY IN 16  2 day 5.	c. CITY OR TOWN (N outside	corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give a POR INSTITUTION IN PROPERTY OF A STATE OF THE ST	. // 1 ,	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	STANLEY	HANNON 4. D.		14 LS 1953
11000 1111-0	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 8/18/1877		UNDER 1 YEAR IF UNDER 24 HRS Aonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or fore Maryland	ign country)	U.S.A.
3. FATHER'S NAME Charles Edward Hanno	on	Sarah ( Unk	nown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES( (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT Cospital Records	Address	
1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which	pectine for (o). (b). and (c).] Kesperatury C Comantaire hear	Eddapra.		INTERVAL BETWEEN ONSET AND DEATH  3 min Tha
gove rise to immediate couse (a), stating the under-lying couse lost.	2 ternschen fre	heart dredare		Tylan.
PART II. OTHER SIGNIFICANT CONDITION  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH Uff EITHER, NOTIFY MEDICAL EXAMINER	ONS <u>CONTRIBUTING TO DEATH B</u> UT	NOT RELATED TO THE TERMINAL D	isease condition given	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I c	or Part II of item 18.)	
Hour o.m.		ACE OF INJURY (Home, farm, 20f. ctory, street, office bldg., etc.)	. (City or town)	(County) (Slote)
21. I certify that I attended the de alive on 15 March.  ACTUAL SIGNATURE		accurred at 7.00 P.M.		
PHYSICIAN'S ARTHUR O.	WOODDY 1	MO LaPlat	a. Ud.	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burba 1 3/18/1959	22c. NAME OF CEMETERY O		OCATION (City, town, or o	
23. FUNERAL DIRECTOR'S SIGNATURE AREHART FUNERAL HOME	INC. LA PLATA	24o. REC'D BY R	EGISTRAR 24b. REGISTR	AR'S SIGNATURE

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3058 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

03049 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	harles		MARYLAN	0.5	JAL RESIDENCE (WESTATE	/here deceased	b. COUNTY	Char		ssion)
RURAL ond give r	(If outside corporate limi legrest town) Plata	ts, write c.	LENGTH OF STAY IN 1	b c. (	or rown (if		te limits, write R	URAL and give	e nearest tov	vn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g			/d.	STREET ADDRESS	110	LUVII			SIDENCE A FARM?
	Memorial H			Ш					153	N NO L
3. NAME OF DECEASED (Type or print)	Fi	Henry	Middle	Hem	ning Sr.	4. DATE OF DEATH	Mon		Day 6	Yeor 19567
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	9	. AGE (In years	IF UNDER 1		DER 24 HRS.
M	W	WIDOWED	DIVORCED [	Fe	h. 22 75	882	lost birthday) yrs.	Months D	ays Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b. KIN	ND OF BUSINESS OR IN				ntry)	12. CITIZI	EN OF WHA	T COUNTRY
farmer	rking life, even if retired	)	forming		Commo	20.27			TOA	
13. FATHER'S NAME			farming	14 M	GETMB OTHER'S MAIDEN				USA.	
	1 1				d i	. 2:/				
	ert Hemming					NIC				
Yes, no, or poknown	ER IN U. S. ARMED FOR (If yes, give war or dates of s		CIAL SECURITY NO.	. INFORMA	ANT		Addi			
110		220	2-34-4304A	Henry	Hemming	Jr.	Waldo	rf, Mo	d.	
IB. CAUSE OF DE	ATH [Enter only one co	use per fine i	for (o), (b), and (c).]	1	. 1	1	V.	, ,	INTERVAL B	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, He	ite hel	esti	. Obst	ruction	E lon	touch	ONSET ANI	DEATH
260x	DUE TO	10	a de	2100			1000		T	1000
Candidae M		Po-	Landin	5.	2. 1	Line	li. 1.		4	00
Conditions, if a	immediate /	/	to caron	seg	mord	pur	ruce		. 1.0	nous
cotse (a), stating	the under- DUE TO	0	1	30		-			2	1 / " "
lying couse lost.	, ,	1-11	averes	pr	rette.				0.77	66.56-66
PART II. OI	THER SIGNIFICANT CON	DITIONS COL	STRIBUTING TO DEATH I	BUT NOT RE	LATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	ORMED?
200 ACCIDENT W	AS HAIDERIVIAGE	201 DESCRI	BE HOW INJURY OCCU	AND TELLO	4 CK	Part I as Part I	I of item IR I		TES	NO
THE EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	200. DESCRI	BE HOW INJURY OCCU	KKED. (Enler	noture of injury in	rom or rom i	or trem to.)			
20c. TIME OF INJU Hour o. m.	RY Month, Day, Ye			PLACE OF	INJURY IHome, for	m. 20f. (City o	r town)	(Cou	unty)	(Stote)
Hour o. m.	19	While of work	Not while	raciory, sir	eet, office bldg., et	(c.)		-		
			(1)	1.1		1		3		
21. I certify t	hat I attended the	deceased	, , , , , , , , , , , , , , , , , , , ,	all,	1926, to 1	224650	12, 1934			
alive on 24	44561 63	1957	, and that dec	ath occur	red ot 2 10	CLM, from	the causes a	nd on the	date stat	red abave.
	1	16	10 :		70 -	ADDRESS (Stre	et, city or town,	stote)		ATE SIGNED
ACTUAL	show 14	. 1/1	esfer	_ M.D.	Doxithas	5:HV	GHES	UILLE	MD.	3/6/59
	1	10	111			777		/		7.7
PHYSICIAN'S NAME (Type)	JOHN H	, (5-K	IFFIN. M	1):						
220. BURIAL, CREMATIO	ON, 226. DATE THEREC	)F [2	22c. NAME OF CEMETER	OR CREMA	ATORY	22d, LOCATIO	ON (City, town, o	or county)	(Ste	tel.
REMOVAL (Specify						_		Md	(310	,,,,,
Bumal	S SIGNATURE		St. Mary's	Cente			intown,		ATURE	
						D BY REGISTRA	1000	TRAR'S SIGN		
Huntt Fr	neral Home		Waldorf.	Md.	DATE M	AR 1 0 '59	an	Ilun S. +	Traves	

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HEALTH DEP

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the cardiscote, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be added to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained from files.

TO FUNERAL Director: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B of Health, or its designated agent, prior to burial, cremation, or removal, and in any page within 72 hours after death.

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## VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMO	
3059 DICAL EXAMINER'S CERTIFICATE OF DEA	TH

13051)
Reg. Dist. No.

	1. P	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	a	COUNTY CHARLES MARYLAND	O. STATE NEW YORK B. COUNTY NASSAU
	Ь	CITY OR TOWN (If outside corporate limits, write RURAL on Bigging nagrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
10		WAL LAPLATA / ty. 12 mi	FLORAL PARK 69X-3
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
6	K	HYSICIANS MEMORIAL HOSP.	9 SPOONER, ST, YES INO
	- 0	NAME OF DECEASED Type or print)  MINNIE  Middle  ST,	MARTINO DEATH MARCH 19 1959
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	- 4 lead bush daul
	+	EMALE WHITE WIDOWED DIVORCED	Dec 25 1884 74 yrs. Months Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
		OUSE WIFE	NEW YORK U, S.A.
	13.	FATHER'S, NAME	14. MOTHER'S MAIDEN NAME
	_	Henry Wallers	your
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In no. of phinown) (If yell, give war or dotes of service)	FORMANT Address Address
		NO - K,	R. KEPHAKI, & SPOONER ST., FLORAL PARK, N
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND GEATH
		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	1 hr. 40mi
1		825 X DUE TO A A A	2 1/2 1 1 - 1 21/4 4 11
		Conditions, if ony, which gove rise to immediate course	ssion I Ceush tryunes o) clear (Cy. 40n
		(a), stating the underlying DUE TO	
		cause last. (c)	
0	Q D	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	FICA	20- EXTERNAL CALLE WAS 120 DECEMBER HOW INJURY OCCUPANT IN	of right andle. YES NO []
	L CERTI	CAUSE OF DEATH. auto accider	nter native of injury in Part I ar Part II af item 18.)
0	2	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not while felcie	E OF INJURY (Home, farm, 201. (City of town) (County) (State) try, street, office bldg., etc.)
8	ME	10:57 3 - 191959 of work at wark 1	Shivay Haldorf Charles, Md.
		21. I certify that I taok charge of the remains described aba	ve, held an Autapsy [], Inspection [], Inquiry [], and in my
		opinion death resulted fram: Natural causes . Accident [	Suicide , Homicide , Undetermined manner
		SALATT	DATE SIGNED
		ACTUAL SIGNATURE U & DELLEY	_M.D. CHIEF MEDICAL EXAMINER []
2		EXAMINER'S I/ D )	ASSISTANT MEDICAL EXAMINER 3-19-59
		NAME (Type) VIDIDE 170R M	DEPUTY MEDICAL EXAMINER
	220	PEMOVAL (Procify) 226. DATE THEREOF 222 MAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
	00	speed 1 2/2/1/34. Wergler.	- Mu Jose M. g.
	23.	FUNERAL DIRECTOR'S SIGNATURE	DATEMAR 3 0 '59 CILLING & Think
	6	revous pare of years	DATEMAR 3 0 '59 Circling & Khana

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
0000	CEPTIFICATE	OF DEATH	

03051

No.	3060		C	ERTIFIC	CAI	FO	F DEA	HIL				Reg. D	ist. No	).	~
1. PLACE OF DE a. COUNTY	Charles			MARYLAN	2	USUAL o. STAT	RESIDENCE Md.		re decease		institutio		nce before		ion)
RURAL and	OWN (If autside corporate lin Laive neacest town) LAOPI (M	nits, write		of STAY IN 1	- 11	c. CITY	or town Wald			rote limits (rura	9 1	URAL and	give ne	arest town	)
d. NAME OF OR INSTITE	HOSPITAL (If not in hospital, UTION NONE	give street o	ddress)		1	d. STR	EET ADDRES	S	non	е				•. IS RES ON A YES A	IDENCE FARM?
3. NAME OF DECEASED (Type or print	TEL TIL CO	rst Rob	ert	Morela	nd		Lost		4. DATE OF DEATH	Maı	Mon	<b>*</b> 19	59		Yeor
5. SEX	6. COLOR OR RACE	7. MARRI WIDOWE	37	DIVORCED		ept.		367		9, AGE (	thday) yrs.	Months Months	Doys	Hours	R 24 HRS. Min.
100. USUAL OCC during most Parmet	CUPATION (Give kind of work of working life, even if retire retire	dane 10b. 1	farn		IDUSTRY		RTHPLACE (S	tate a	r foreign c	ountry)		12. C		USA.	COUNTRY
13. FATHER'S NA J Ohj	n Moreland				1	4. MOT	Jan		ME O' Bri	.en					
15. WAS DECEAS	SED EVER IN U. S. ARMED FO	service1	none	URITY NO. 1		Har	ry Mor	rela	and	Wald	iorf,		l.		
PART 15 3 Condition gove rise	OF DEATH Enter only one of I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE  DUE To the immediate of the immediate of the under-	(o) (	e for (o), (b)	land (c).]	to	m fews	- O	50.	do	ge	KC	a me		ERVAL BE SET AND	
PART OR CONTRIL		heli	ima	INJURY OCCU	fer	T RELATI	ED TO THE TE	ERMIN	AL DISEAS	ai	en	YEN IN PA	RT 1(a)	19. WAS PERFO	RMED?
20c. TIME OF	F INJURY Month, Day, Y a.m. p. m.	While	Not wh	ile	PLACE	OF INJ	URY (Hame, office bldg.	form, etc.)	20f. (City	ar town)			(County)		(State)
21. I cert alive an_ ACTUAL SIGNATURE PHYSICIAN' NAME (Type	Was VAHEN	decease 195 1. Se		nd that dealer made			JJ, to	DOA		n the co	auses o	and an		ite state	
220. BURIAL, CRI	EMATION, 226. DATE THERE Specify) 3-23-59	OF		of CEMETER Peters				2	wald	tion (City lorf,	Md.			(State	<b>b</b> )
	RECTOR'S SIGNATURE t Funeral Home	e, Wa	ADDRE						BY REGIST AR 2 6			STRAR'S S	0 10	,	

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CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give nearest town) Atomac hRigh d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ZITMONT Place sir mont YES NO D NAME OF First Middle 4. DATE Day Yeor DECEASED OF DEATH 195 (Type or print) 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) Months Days Hours DIVORCED [ WIDOWED yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Joussin Tous 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 45Ev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hronse 40 IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (6) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) o. m. While Not while of work of work Wee. 21. I certify that I/ottended the deceased fram. 1927, that I last saw the deceased and that death occurred at 145 A.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURLAL, CREMATION) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or coudty) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D-BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Krans

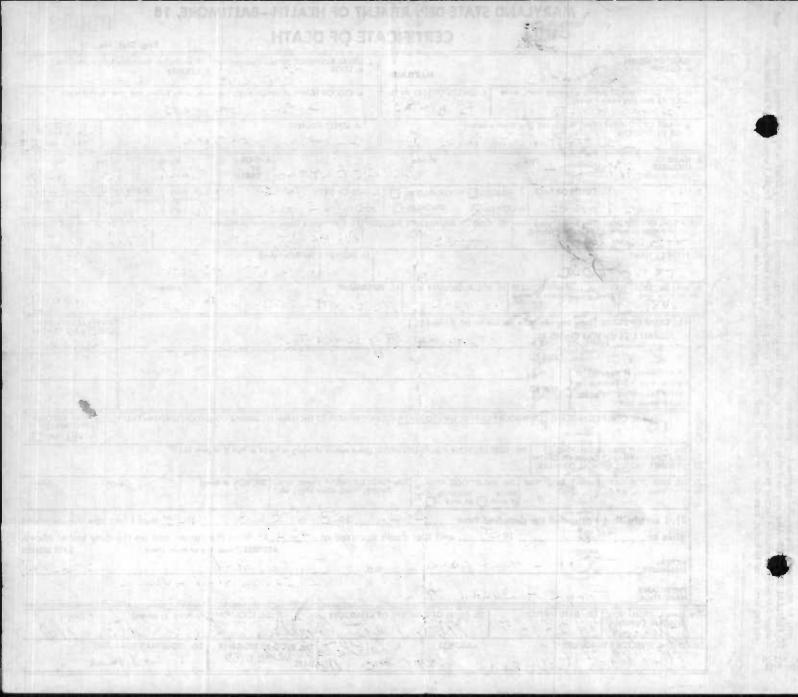
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	OUTA CERTIFIC	CERTIFICATE OF DEATH  Reg. Dist. No.  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CHAS  ide corporate limits, write lown)  A COUNTY CHAS  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Reg. Dist. No.  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CHAS  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Reg. Dist. No.  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CHAS  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Reg. Dist. No.  4. DATE OF OF DIST.  No.  10. IS RESIDENCE ON A FARM? YES ON OF OF DEATH OF OF OF DIST.  No.  10. IS RESIDENCE ON A FARM? YES ON OF OF DIST.  No.  10. IS RESIDENCE ON A FARM? YES ON OF OF DIST.  No.  10. IS RESIDENCE ON A FARM? YES ON OF OF DIST.  No.  11. IS RESIDENCE ON A FARM? YES ON OF OF DIST.  No.  12. CITIZEN OF WHAT COUNTRY?  NO.  13. ARMED FORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT OF OR OF DIST.  18. Address  Address  Address  Address	
	PLACE OF DEATH O. COUNTY Charles MARYLAND		idence before admission) 4.4-5
ŧ	RURAL and give nearest town)	N.D. 1 Rosesillo	and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) ORINSTITUTION Why and Menand Hospital	d. STREET ADDRESS	
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5. 5	A A A A A A A A A A A A A A A A A A A	1 2 10 02 last birthday) Mon	DER 1 YEAR IF UNDER 24 HR
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И		Julia Pickeral	
IS. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  17. no. of unknown) (If yes, give wor or dates of service) 217-14-7448	Ma Massis Mila -	Waldorf
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which ) 161 Contains Clerk	- leat drolance	4 years.
	lying couse lost. (c) Conjument	wh	18mm
CATION	Rheunstood ar Printing Ch	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
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MEDICAL	Hour o. m. While Not while fo	LACE OF INJURY fHame, form, 20f. (City or tawn) actory, street, office bldg., etc.)	(Caunty) (State
	21. I certify that I attended the deceased fram.		
	ACTUAL SIGNATURE (DOSTING)		
	PHYSICIAN'S ARTHUR O. WOODDY.	LAPLATA MO	
B	REMOVAL (Specify) 3-12-59 Oak (ay	OR CREMATORY 22d. ACCATION (City, town, or court )	Mary (and
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR	S SIGNATUJE

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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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3063 CERTIFICATE OF DEATH

0000			Reg. D	ist, No.
1. PLACE OF DEATH O. COUNTY Charles	2. USUAL RESIDENCE (Where designed lived. If institution is evidence before odplission)			
b. CITY OR JOWN (If suiside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If app	Aside corporate limits, write RURAL and	give nearest town)
d. NAME OF MOSPITAL (It got in hospital, give street or OR INSTITUTION MEM. + C	ddress)	d. STREET ADDRESS	83x-3	ON A FARM?
3. NAME OF DECEASED (Type or print)  A FUECCA	ABRYLAND   2. USUAL RESIDENCS (Where desposed lived. It imitiution: 8 sidence before administration by 5. COUNTY   1. COUNTY			
11/		B. DATE OF BIRTH	last birthday) Months	
10a. USUAL OCCUPATION (Give kind af wark done during man of working life, even if retired)	THO OF BUSINESS OR INDE	ISTRY PA. BIRTHPLACE (STOTE &	reference 12. CI	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	enter	14. MOTHER'S MAIDEN N.	i Burche	el.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. Armed Forces. 16. S.	Many C	informant Poll	ins Freder	cekisting Co
PART I. DEATH WAS CAUSED BY:	for (o), (b), ond (c).]	intoy.	Carlen	ONSET AND DEATH
Conditions, if ony, which gove rise to immediate course (a), stating the under	Chronic	reflectet.	emplysena	5 year
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN IN PAI	PERFORMED?
206. ACCIDENT WAS UNDERLYING A 206. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	ort I or Port II of item 18.)	
Hour o. m. While	Not while fo		20f. (City or town)	County) (State)
21. I certify that I attended the decease alive an Induction 2C, 1920	hander of the state of	h occurred at 1/220	M, fram the causes and an I	the date stated above
PHYSICIAN'S FREDERIC	K Milos	Mrs on	soboro de catalanda de la	
Decision 3/28/59	Polomoc	Beflest Che	in King Fear	ye la
23. FUNERAL DIRECTOR'S SIGNATURE	appress Oil			GNATURE

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# FOR STATE HEALTH DEPT. necessary, please al director. Page of Mont files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the control cities, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be 15 cities, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be 15 cities along with form PM3. Pages 3 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo ar its designated agent, prior to burial, cremation, or removal, and in any event within \$2 meds.

VS. A15ME \$M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	NARYLAND  O. STATE  JY L 3 n b. COUNTY  OF TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If onlinde corporate limits, write RURAL only give nearest fown)  JOHN TOWN (If only write RURAL only give nearest fown)  JOHN TOWN (If only write RURAL only give nearest fown)  JOHN TOWN (If only write RURAL only give nearest fown)  JOHN TOWN (If only write RURAL only give nearest fown)  JOHN TOWN (If only write RURAL only give nearest fown)  JOHN TOWN (If only write RURAL only give nearest fown)  JOHN TOWN (If only write RURAL only give nearest fown)  JOHN TOWN (If only write RURAL only give nearest fown)  JOHN TOWN (If only write RURAL only give nearest fown)  JOHN TOWN (If only write RURAL only give nearest fown)  JOHN TOWN (If only write RURAL only give nearest fown)  JOHN TOWN (If only write RURAL only give nearest fown)  JOHN TOWN (If only give	
1,	PLACE OF DEATH O. COUNTY	
	MARYLAND MARYLAND	o. STATE /V/dry Land b. COUNTY Chayles
		c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Waldorf, Kural	Maldorty Rurah
	d. NAME OF HOSPITAL ON INSTITUTION (If not in hospital, give street address)	ON A EARM?
3.	NAME OF DECEASED (Type or print) JOSEP h	Ch + OF 1/2 / 10/2
5.		Months Doys Hours Min.
10	during most of working life; even if relited)	1/// /- / 1// 6//
1	ALENJANDEN Shorter	14. MOTHER'S MAIDEN NAME
		BORMANT L. Shorter, Waldorf Md
		y Occlulian Interventioner 3.6
	LL 20, DUE TO	
	gave rise to immediate couse (a), stating the underlying DUE TO	
NO.E.		IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{NO} \)
Commercanon		nter nature of injury in Part I or Part II of item 18.)
100000	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE And While Not while p. m. 19 of work at w	CE OF INJURY (Home, farm, 20t. (City or town) (County) (State) bry, street, office bldg., etc.)
	21. I certify that I took charge of the remains described obo	
	opinion death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined monner
	SIGNATURE / Hedlen	M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S H. J. EDELEN	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
2	20. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR SEMOVAL (Specify) May Ch 91959 St. JOSEP	111 D C of Mal
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24p. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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3 //	1. PLACE OF DEATH  o. COUNTY  CHARLES  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence bo. STATE b. COUNTY b. COUNTY	pefore admission)
P P P	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
66	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION DAYS ICTAMS MEMOURAL Hosp	/ d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
es 1 on	3. NAME OF DECEASED (Type or print) CORA A 9 NES	THOMAS 4. DATE Month OF DEATH NEW CLI	Doy Yeor 1959
 0	5. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE HOLD BIRTHOUS) Months Dog	EAR IF UNDER 24 HRS. ys Hours Min.
death.	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home	USTRY 11. BIRTHPLICE (Glori ar Toreign country) /12. CITIZET	S. A
odrec of other	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (Yes, no, or juninguin)   Iff yes, give wor or dates of service)   NONE,	Mas. Madaglin Ford - Lab	Hata m
n pleas	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN
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ial-transit laval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL  CANCER OF LEFT BREAST - TR	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 EATED AT LICENSME. The recurrence	DEDECTRIEDS
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ched for	21. I certify that I attended the deceased from January alive an Ellanch, 1957, and that deat	th accurred at Troof M, from the causes and an the	
la ce deta prior ta b	ACTUAL SIGNATURE STOWNED	M.D. La Plana. M.G.	7 Marsq
e 3 should registrar pr	PHYSICIAN'S APTHUR O WOODDY		
page 3	220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY (Specify) 3/10/59 ACRED 15	OR CREMATORY 22d. LOCATION (City, town, or county)  FEART CEA. LA PLATA, A	(Stote)
i (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AREHART FUNERAL HOME INC.	DATE WAR 1 1 '59 Chilms S. TO	STURE
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Pagit Methythal acceptation of the Committee of the Commi Street in religion to mark Property THE RESERVE TO SERVE ASSESSED.

VS A15 (4) 15M 10/57

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	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	e street o	ddress)		d. STREET ADDR	RESS				ON	SIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	James		Middle Thomas		Nathen		4. DATE OF DEATH	Mont	20,	Day	Yeor 19 59
5	. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED		B. DATE OF BIRTH		9. AG	E (In years birthdoy)		YEAR IF UND	1
1	Male	White	WIDOWED	DIVORCED		March 1	8,	1957 2	yrs.	Months D	ays Hours	Min.
11	Do. USUAL OCCUPATION during most of work	ON (Give kind of work do king life, even if retired)	one 10b. K	IND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE					S.A.	T COUNTRY
1	3. FATHER'S NAME	des total and party	-			14. MOTHER'S MA					.Den.	
	Roy	Wathen						e Morgar	1			
		R IN U. S. ARMED FORC (If yes, give wor or dates of ser	signal	one		y Wathen	N	lechanio	Addresvil.		aryla	nd
		mmediate (	se per line	Sweeth	of	neume	nio				INTERVAL B	DEATH
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		CAUSE OF DEATH MEDICAL EXAMINER)	our DESCI	KIBE HOW MJURT OC	CUKKEU	. (Enter noture of inju	ury in r	off I of Poff II of	item (8.)			
MEDICAL	Hour o. m.	Y Month, Doy, Year 19	20d. IN. While of work	_ Not while _	PLA foci	CE OF INJURY (Home ory, street, office bld	e, form, lg., etc.	, 20f. (City or tov	vn)	(Co	unty)	(Stote)
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	REMOVAL (Specify) Burial	3/21/59		22c. NAME OF CEMET		CREMATORY h s		22d. LOCATION (	City, town, or	county)	Md.	te)
	. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS		240	REC'E	BY REGISTRAR	24b. REGIS	TRAR'S SIGN	IATURE	
W	.Clarke N	lattingley	Leo	nardtown	, M	d. DA	TMAR	2 4 '59	Ont	w7 8. K	raud	

